

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53222

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2				1				52					
3					1			53					
4						1		54					
5							1	55					
6							1	56					
7							1	57					
8							1	58					
9							1	59					
10							1	60					
11							1	61					
12							1	62					
13							1	63					
14							1	64					
15							1	65					
16			1				1	66					
17							1	67					
18							1	68					
19							1	69					
20					1		1	70					
21							1	71					
22							1	72					
23							1	73					
24							1	74					
25							1	75					
26							1	76					
27							1	77					
28							1	78					
29							1	79					
30							1	80					
31							1	81					
32							1	82					
33							1	83					
34							1	84					
35							1	85					
36							1	86					
37							1	87					
38							1	88					
39							1	89					
40							1	90					
41							1	91					
42							1	92					
43							1	93					
44							1	94					
45							1	95					
46							1	96					
47							1	97					
48							1	98					
49							1	99					
50							1	100					
TOTAL IND.			2										
TOTAL DEP.		2	17										
TOTAL CLAIMS			19										